File with: Sear PO BOX 94728 Seattle, WA 98 Seattle, WA 98 Questions: (206) 615-124 polly-grow@se	8124-4728 06) 684-8500 48 eattle.gov pointed officials - within two weeks	of becoming a	SEEC DOLLAR CODE (1) (2) (3) (4) (5) (6) (7) (8)	AMOUNT \$0	STATEMENT FILE				
SEND REPORT TO Seattle City Cleri			(9)	\$5,000,000 or more	2000年				
"immediate family" means: (a) a spouse of partner, sibling, uncle, aunt, cousin, niece of federal income tax return. SMC 4.16.080	or domestic partner or nephew, if that p	r, or (b) a parent, pare erson either resides	ent of a spou with or is a d	use or domestic partner, child ependent on the Covered In-	d, child of spouse of domestic dividual's most recently filed				
Last Name Fir	rst	Middle	Initial	Names of immediate family	y members. If there is no sclose for dependent children, or				
Rice Terr	Rice Terry M				other dependents living in your household, do not identify				
	Mailing Address (Use PO Box or Work Address) *			them. Do Identify your spouse or domestic partner.					
848A NW SOTH SH	•								
City	ounty	Zip + 4							
	sing	9810	7						
Filing Status (Check only one box.)	V			Office Held or Sought					
An elected or appointed official filing as	nnual report			Office title: Counci	1 Member				
Final report as an elected official. Terr				Position number:					
Candidate running in an election: mon	th 11	year _	19	Term begins: \\/20	ends: 12/23				
Newly appointed to an elective office				1/20	14/43				
immediate fami options receive (Report interest	ily member, rece d during the repo t and dividends in	ived compensation rting period that hat Item 3.)	in any for	m, of \$2,400 or more dur	nt, etc.) from which you or an ing the period. Include stock				
Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employ Dependent (D)	yer or Source of Co	ompensation	Occi	pation or How Compensatio Was Eamed	n Amount: (Use Code)				
S Foods Inspired 1501 Western	LLC		M	anaging	(6)				
1501 Western of		e 501		Director	(0)				
	(8.0.				()				
					()				
					()				
Check Here ☐ if continued o					()				
REAL ESTATE real est interest	tate with value of	f over \$12,000 in w	hich you or	I description AND county r an immediate family men . company, etc. real estate	for each parcel of Washington mber held a personal financial on F-1 supplement.)				
Property Sold or Interest Divested	Assessed Value (Use 1-9 Code)	Name and Address of	Purchaser	Nature and Am Consideration F	ount (Use Code) of Payment or Received				
					()				
Property Purchased or Interest Acquired		Creditor's Name/Addr	(eg. 20	nent Terms Security Given O yrs at 4.3%)	Mortgage Amount - (Use Code) Original Current				
		SLERK	CIV		() ()				
All Other Property Entirely or Partially Owned	()	05:6 HV	SZBSJ	51					
	()	LED	10.7110		() ()				

3	ASSETS / INVESTIMENTS - INTEREST / DIVIDENDS intai	bank and savings accounts, insurance policies, stock, bonds and other ngible property (including but not limited to stock options) held during the orting period.					
Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any		Type of Account or Description of Asset		sset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)		
_	time during the report period.			()	()	
В.	Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.			()	()	
C. Name and address of each company, association, governmer agency, etc. in which you or an immediate family member, owned chad a financial interest worth over \$2,400. Include stocks, bonds ownership, retirement plan, IRA, notes, stock options, and other interesting and other stocks.		401 (4)		(4)	(D)		
	intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each	HOI(K) Enpower Refirement	7+	()	()		
stock or other asset in that account. Stock shall be reported by market value at the time of reporting.		New York, N'	4	()	()		
Che 4	List each creditor you or an immediate fam CREDITORS period. Don't include retail charge accour	hily member owed \$2,400 or m nts, credit cards, or mortgages	ore any time of	during the reported	AMO (USE 1-9		
	Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security (Given	original ()	current ()	
Che	eck here 🗋 if continued on attached sheet,				()	()	
5	NET WORTH Enter your estimated net worth.		Enter Dollar Amount				
Sup	All filers answer questions A thru D below. If the answer is YES to tof this report. If all answers are NO and you are a candidate or an oplement is required. umbent elected officials filing an annual financial affairs report ceholders unless all answers to questions A thru E are NO. At any time during the reporting period were you and/or an immediate family mer association, joint venture or other entity or (2) a partner or member of any limited but not limited to a professional limited liability company?	also must answer question E	office filing you	our initial re pplement is	port, no F- required	of these	
В.	the reporting period? DO If yes, complete Supplement, Part A.				essatanytim	e during	
C. D.	Did you and/or an immediate family member own a business at any time during to Did you and/or an immediate family member prepare, promote or oppose state let pay for a currently-held public office) at any time during the reporting period?	gislation, rules, rates or standards for	compensation or		ensation (oth	er than	
E.	Unity for Persons Filing Annual Report. Regarding the receipt of items not proyou, and/or an immediate family member accept a gift of food or beverages costing provide or pay in whole or in part for you and/or an immediate family member to to complete Supplement, Part C.	vided or paid for by your governmental ng over \$50 per occasion?	agency during th Did any source of	ther than your	governmenta	agency	
AL.	L FILERS EXCEPT CANDIDATES. Check the appropriate box.	Contact Telephone:	(206) 9	92 19	85	*	
☐ I hold a local elected office. I have read and am familiar wi 2.04.300 regarding the use of public facilities in campaigns.			nrice 886		com	(work)*) Optional	
CE	RTIFICATION: I certify under penalty of perjury that the informat knowledge.	ion contained in this report is	true and corr	ect to the b	est of my		
	2/2/1/19 / 1	1					
	Date Signature						

Elect Teny Rice 848A NW SOTA SA. Sociation, WA 98107

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